

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1734

5-15 DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yuma</u> <u>Yuma</u> <u>Yuma</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		WHERE DECEASED LIVED. B. COUNTY <u>Yuma</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Somerton</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>31 Yrs</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Somerton (rural)</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS		IF RURAL, GIVE LOCATION	
24 2 3 1/84 4 350	3. NAME OF DECEASED A. (FIRST) <u>Mary</u>		B. (MIDDLE)		C. (LAST) <u>Newman</u>	
	4. SEX <u>female</u>		5. COLOR OR RACE <u>white</u>			
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <u>Feb 21 1866</u>		8. AGE <u>81</u> YEARS <u>81</u> MONTHS <u>21</u> DAYS	
18 0 0	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Tenn.</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>		13. SOCIAL SECURITY NO.			
	14A. FATHER'S NAME <u>G.W. Baker</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>		15A. MOTHER'S/MAIDEN NAME <u>unknown</u>	
16. INFORMANT'S SIGNATURE		ADDRESS <u>189 N. 7th Ave Yuma</u>		17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>20</u> (YEAR) <u>1950</u>		

18 H 181	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. ✓ PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>Hypertension</u> ING THE UNDERLYING CAUSE LAST. <u>Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>1 mm</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
1 O AL CE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 22 1950</u> TO <u>March 20 1950</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>March 16 1950</u> AND THAT DEATH OCCURRED AT <u>9:15 A.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>Philip K. Burton MD</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Somerton Arizona</u>	
	23C. DATE SIGNED <u>Mar 21 50</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>3/22/50</u>	
1 78 JR	24C. NAME OF CEMETERY OR CREMATORY <u>Yuma cemetery</u>		24D. LOCATION CITY, TOWN, OR COUNTY (STATE) <u>Yuma, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>3/22/50</u>	
	25B. REGISTRAR'S SIGNATURE <u>Ar. Corvaneh</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Ar. Johnson</u>		27. EMBALMER'S SIGNATURE <u>Ar. Johnson</u>	
	28. ADDRESS <u>Box 310 Yuma</u>		29. CERT. NO. <u>I9A</u>			